

UNITED STATES DISTRICT COURT

Western District of New York

ATTORNEY DATABASE & ELECTRONIC CASE FILING REGISTRATION FORM

The Clerk's Office maintains a computerized database of attorneys admitted in the District. To ensure the data we enter for you is correct, please fill out the form below and submit it with your other papers when you are admitted. Our local rules require you to report name, firm affiliation, office address or phone number changes within 30 days.

This form shall also be used to register for an account on the Courts' Case Management/Electronic Files (CM/ECF) system. Registered attorneys will have privileges to electronically submit and to view the electronic docket sheets and documents. By registering, attorneys consent to receiving electronic notice of filings through the system. The following information is required for registration:

Instructions: PLEASE TYPE OR PRINT. If you use two surnames or have a hyphenated surname, please indicate how you would like the name entered into our records, i.e., first surname as middle name, both surnames in last name field, etc.

First Name: _____	
Middle Name or Initial: _____	
Last Name: _____	
Firm Name: _____	
Firm Address: _____ _____	
Suite: _____	
City: _____ State: _____ Zip: _____ - _____	
Phone Number: _____ - _____ - _____	FAX Number: _____ - _____ - _____
Primary E-Mail Address: _____	
Additional E-Mail Address: _____	
Does your E-Mail Software support HTML messages? Yes _____ No _____	

Attorneys seeking to file documents electronically must be admitted to practice in the United States District Court for the Western District of New York.

Method of Admission: _____
(Petition, Certificate of Good Standing, *pro hac vice*)

Date admitted to practice in this Court: _____
(write "pending" if admission is pending)

If admitted *pro hac vice*: _____
Date motion for *pro hac vice* granted: _____ in case number: _____

By submitting this registration form, the undersigned agrees to abide by all Court rules, orders and policies and procedures governing the use of the electronic filing system. The undersigned also consents to receiving notice of filings pursuant to Fed. R. Civ. P. 5(b) and 77(d) via the Court's electronic filing system. The combination of user id and password will serve as the signature of the attorney filing the documents.

Attorneys must protect the security of their passwords and immediately notify the court if they learn that their password has been compromised.



Signature of Registrant _____ Date _____

Please note that this form is required to be completed by any new attorneys seeking to be admitted to this District. If you have been previously admitted to practice in this court and are submitting this registration to request an account, you may fax the form to (716) 551-1705, or mail it to the following address:

Mary C. Loewenguth
United States District Court
Attn: CM/ECF Registration
2 Niagara Square
Buffalo, New York 14202

*OPTIONAL: Your login and password will be sent to you by the Office of the Clerk via the e-mail address you provided on your registration form. **If you prefer to have your login and password sent by U.S. Mail, please write the address below and mark your initials as approval for an alternate delivery method:**

Firm Address: _____

Attorney Initials: _____